



REC 15-411

Knollwood Energy of MA LLC
P.O. Box 30
Chester, New Jersey 07930

NHPLC 21SEP15 4:51

September 17, 2015

Debra A. Howland
Executive Director
New Hampshire Public Utilities Commission
21 South Fruit Street, Suite 10
Concord, NH 03301-2429

Dear Ms Howland,

Enclosed please find the application for the Barrett system to be part of the Knollwood Energy of MA LLC (NH-II-13-089) Class II Photovoltaic aggregation for New Hampshire Renewable Energy Certificates (RECs) generated from customer-sited sources, pursuant to New Hampshire Code of Administrative Rules Puc 2506.

Customer and Facility Information

Masuma Barrett
274 N River Rd
Milford, NH 03055
drmasuma@kodiakvetcenter.com
(603) 439-2000

The new Nepool GIS ID # for this facility is: NON 54360. Also enclosed are the Simplified Process Interconnection Application and Service Agreement, Certificate of Completion and NH Owner Statements. An electronic version has been sent to executive.director@puc.nh.gov.

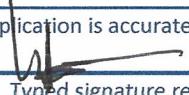
Please do not hesitate to contact me if you have any questions regarding this application.

Thank you for your consideration,

Linda Modica
New England REC Operations Manager
Knollwood Energy of MA LLC
973.879.7826
linda@knollwoodenergy.com

Enclosures (3)

New Hampshire Public Utilities Commission			This section for PUC use only:			
			REC#			
Draft Class I or II REC Eligibility Application For Solar Customer-Sited Sources 100 Kilowatts Or Less						
1.	Class I <input type="checkbox"/>	Class II <input checked="" type="checkbox"/>	GIS Facility Code	NON 54360	2. This facility is part of an aggregation.	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>
			<i>GIS contact info is provided below</i>			
3. If yes to #2., the facility is part of the Knollwood Energy of MA LLC aggregation.						
<i>To qualify as a REC eligible facility, PUC 2505.02 (b) requires the source to provide the following information:</i>						
Contact Information						
	Name		Address		City	State ZIP
Facility Owner	Masuma Barrett		274 N River Rd		Milford	NH 03055
Phone 1	(603) 439-2000	Phone 2		Email	drmasuma@kodiakvetcenter.com	
Facility Location	<i>(If facility is named)</i>		<i>(if different than owner address)</i>			
Mailing Address			<i>(if different than owner address and/or facility location)</i>			
Application filed by:						
Business Name	Knollwood Energy of MA LLC		PO Box 30		Chester	NJ 07930
Contact	Linda Modica					
Phone 1	908-879-7826	Phone 2		Email	linda@knollwoodenergy.com	
Facility Operator	<i>(complete only if a separate operator manages the facility)</i>					
Phone 1		Phone 2		Email		
Installer Company	Sunray Solar		249 Loudon Rd		Concord	NH 03301
Installer Contact	Michael Fay					
Phone 1	(603) 225-6001	Phone 2		Email	michael@spreadthesunshine.com	
Electrician	Shawn Marvel SunRay Solar, LLC		249 Loudon Rd		Concord	NH 03301
Phone 1		License #	13363M	Email	shawn@spreadthesunshine.com	
Equipment Vendor	<i>(If not provided through the installer)</i>					
Phone 1		Phone 2		Email		
Independent Monitor (IM) Name		Tom Kelly			<i>To obtain a GIS Facility Code contact James Webb, Registry Administrator 408.517.2174, jwebb@apx.com</i>	
IM Company Name		Natural Capital, LLC				
Equipment Information						
	Manufacturer	Quantity	Model # (if available)	Rated Output/unit	Total Rated Capacity	
Panels	SunEdison	28	F265	0.265	7.4	(DC)
Inverter(s)	Enphase	28	M250	0.250	7.0	(AC)
Meter	AEE Solar	CL200 204V 3W	Utility Project ID # N3021	Initial date of operation	<i>(mm/dd/year)</i> 7/17/14	
To be completed by the owner. Aggregators may include the owner sign-off via email or letter.						
<input checked="" type="checkbox"/>	I agree The information provided on this application for New Hampshire Renewable Energy Certificate eligibility is accurate.					
The project described in this application will meet the metering requirements of Puc 2506 including:						
<input checked="" type="checkbox"/>	I agree Electricity generation in megawatt hours shall be reported to the GIS quarterly with a statement that the submission is accurate by the owner of the source, the IM, or a designated representative.					
<input checked="" type="checkbox"/>	I agree A revenue quality meter is used to measure the electricity generated.					
<input checked="" type="checkbox"/>	I agree The facility owner has certified to the IM that the meter operates according to manufacturing standards.					
<input checked="" type="checkbox"/>	I agree The meter shall be maintained according to the manufacturer's recommendations.					

<input type="checkbox"/>	
I agree	The project is installed and operating in conformance with applicable building codes.
<input type="checkbox"/>	
included	A copy of the facility's interconnection agreement is attached.
X	
The Undersigned declares under penalty of perjury that the information provided on this application is accurate.	
<div style="text-align: right;">/  9/7/15 /</div> <div style="text-align: right;">Typed signature required</div>	
Contact Barbara Bernstein at Barbara.bernstein@puc.nh.gov or 603-271-6011 with questions and comments.	

New Hampshire PUC REC Certification Application Owner Statements

The information provided on this application for New Hampshire Renewable Energy Certificate eligibility is accurate to the best of my knowledge and I authorize Knollwood Energy to act on my behalf in filing said application.

The project described in this application will meet the metering requirements of PUC 2506 including:


mb

Electricity generation in megawatt hours shall be reported to the GIS quarterly with a statement that the submission is accurate by the owner of the source, the independent monitor, or a designated representative.


mb

A revenue quality meter is used to measure the electricity generated.


mb

The facility owner has certified to the independent monitor that the meter operates according to manufacturing standards.


mb

The meter shall be maintained according to the manufacturer's recommendations.


mb

The project is installed and operating in conformance with applicable building codes.


mb

A copy of the facility's interconnection agreement is attached.

Masuma Barrett

Printed Name of signature owner


Masuma Barrett (Sep 10, 2015)

Signature of system owner

PUBLIC SERVICE COMPANY OF NEW HAMPSHIRE
INTERCONNECTION STANDARDS FOR INVERTERS
SIZED UP TO 100 KVA
Simplified Process Interconnection Application and Service Agreement

RECEIVED
JUN 16 2014
SESD

PSNH Application Project ID#: 113021

Contact Information:

Legal Name and Address of Interconnecting Customer (or, Company name, if appropriate)

Customer or Company Name (print): Masuma Barrett ✓

✓ Contact Person, if Company: _____

Mailing Address: 274 N River Rd

City: Millford

State: NH

Zip Code: 03055

Telephone (Daytime): 970-222-1711

(Evening): 603-439-2000

Facsimile Number: _____

E-Mail Address: drmasuma@kodiakvetcenter.com

Alternative Contact Information (e.g., System installation contractor or coordinating company, if appropriate):

Name: SunRay Solar

Mailing Address: 249 Loudon Rd

City: Concord

State: NH

Zip Code: 03301

Telephone (Daytime): 603-225-6001

(Evening): _____

Facsimile Number: _____

E-Mail Address: bob@spreadthesunshine.com

Electrical Contractor Contact Information (if appropriate):

Name: Troy Corey

Mailing Address: 54 Healey Rd

City: Candia

State: NH

Zip Code: 03304

Telephone (Daytime): 603-587-0676

(Evening): _____

Facsimile Number: _____

E-Mail Address: agauntl@granitestatesolar.com

Facility Site Information:

Facility (Site) Address: SHAME

City: _____

State: NH

Zip Code: _____

Electric

Service Company: PSNH

Account Number: 56199374083

Meter Number: D56991066

Account and Meter Number: Please consult an actual PSNH electric bill and enter the correct Account Number and Meter Number on this application. If the facility is to be installed in a new location, please provide the PSNH Work Request number.

PSNH Work Request # _____

Non-Default' Service Customers Only:

Competitive Electric

Energy Supply Company: _____

Account Number: _____

(Customer's with a Competitive Energy Supply Company should verify the Terms & Conditions of their contract with their Energy Supply Company.)

PUBLIC SERVICE COMPANY OF NEW HAMPSHIRE
INTERCONNECTION STANDARDS FOR INVERTERS
SIZED UP TO 100 KVA

Simplified Process Interconnection Application and Service Agreement

Facility Machine Information:

Generator/ Inverter Manufacturer: Enphase ✓ Model Name & Number: m250 ✓ Quantity: 28 ✓
Nameplate Rating: 285, 250 (kW) (kVA) (AC Volts) Phase: Single ☒ Three ☐

Nameplate Rating: The AC Nameplate rating of the individual inverter.

System Design Capacity: 7 (kW) (kVA) Battery Backup: Yes ☐ No ☒ ✓

System Design Capacity: The system total of the inverter AC ratings. If there are multiple inverters installed in the system, this is the sum of the AC nameplate ratings of all inverters.

✓ Net Metering: If Renewably Fueled, will the account be Net Metered? Yes ☒ No ☐

Prime Mover: Photovoltaic ☒ Reciprocating Engine ☐ Fuel Cell ☐ Turbine ☐ Other ☐

✓ Energy Source: Solar ☒ Wind ☐ Hydro ☐ Diesel ☐ Natural Gas ☐ Fuel Oil ☐ Other ☐

Inverter-based Generating Facilities:

UL 1741 / IEEE 1547.1 Compliant (Refer To Part Puc 906 Compliance Path For Inverter Units, Part Puc 906.01 Inverter Requirements)

✓ Yes ☒ No ☐

The standard UL 1741.1 dated May, 2007 or later, "Inverters, Converters, and Controllers for Use With Independent Power Systems," addresses the electrical interconnection design of various forms of generating equipment. Many manufacturers choose to submit their equipment to a Nationally Recognized Testing Laboratory (NRTL) that verifies compliance with UL 1741.1. This term "Listed" is then marked on the equipment and supporting documentation. *Please include, any documentation provided by the inverter manufacturer describing the inverter's UL 1741/IEEE 1547.1 listing.*

External Manual Disconnect Switch:

An External Manual Disconnect Switch shall be installed in accordance with 'Part Puc 905 Technical Requirements For Interconnections For Facilities, Puc 905.01 Requirements For Disconnect Switches and 905.02 Disconnect Switch.'

✓ Yes ☒ No ☐

Location of External Manual Disconnect Switch: Next to meter. ✓

Project Estimated Install Date: June

Project Estimated In-Service Date: June ✓

Interconnecting Customer Signature:

I hereby certify that, to the best of my knowledge, all of the information provided in this application is true and I agree to the Terms and Conditions for Simplified Process Interconnections attached hereto:

Customer Signature: [Signature] Title: Homeowner Date: 6/12/14

Please include a one-line and/or three-line diagram of proposed installation. Diagram must indicate the generator connection point in relation to the customer service panel and the PSNH meter socket. Applications without such a diagram may be returned.

For PSNH Use Only

Approval to Install Facility:

Installation of the Facility is approved contingent upon the Terms and Conditions For Simplified Process Interconnections of this Agreement, and agreement to any system modifications, if required.

Are system modifications required? Yes ☐ No ☒ To be Determined ☐

Company Signature: Michael Moffa Title: Sr. Eng. JEEK Date: 6.16.14

Public Service Company Of New Hampshire
Interconnection Standards For Inverters Sized Up To 100 kVA
Exhibit B - Certificate of Completion for Simplified Process Interconnections

RECEIVED
JUL 17 2014
SESD

Installation Information: ☐ Check if owner-installed

Customer or Company Name (print): Masuma Barrett
Contact Person, if Company: _____
Mailing Address: 274 N. River Rd
City: Milford State: NH Zip Code: 03055
Telephone (Daytime): 970-222-1711 (Evening): 603-439-2000
Facsimile Number: _____ E-Mail Address: dmasuma@kodiakvetcenter.com

Facility Information:

Address of Facility (if different from above): _____
City: _____ State: _____ Zip Code: _____

Electrical Contractor Contact Information:

Electrical Contractor's Name (if appropriate): Shawn Marvel
Mailing Address: 108 Sunapee St. #C
City: Newport State: NH Zip Code: 03773
Telephone (Daytime): 603-209-4364 (Evening): _____
Facsimile Number: _____ E-Mail Address: marval@inbx.com
License number: 13363M

Date of approval to install Facility granted by the Company: June 17, 2014

PSNH Application ID number: #N 3021

Inspection:

The system has been installed and inspected in compliance with the local Building/Electrical Code of:

City: MILFORD, NH County: _____

Signed (Local Electrical Wiring Inspector, or attach signed electrical inspection):

Signature: [Signature]

Name (printed): Timothy Herlihy Date: 7-17-14

Customer Certification:

I hereby certify that, to the best of my knowledge, all information contained in this Exhibit B - Certification of Completion is true and correct. This system has been installed and shall be operated in compliance with applicable standards. Also, the initial start-up test required by Pnc. 905.04 has been successfully completed.

Customer Signature: [Signature]

As a condition of interconnection you are required to send/fax a copy of this form to :

Public Service Company of New Hampshire
Supplemental Energy Sources Department
780 North Commercial Street
P. O. Box 330, Manchester, NH 03105-0330
Fax No.: (603) 634-2449